

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>107009894</b>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4		0					54				
5		0					55				
6		0					56				
7		0					57				
8		0					58				
9		0					59				
10		0					60				
11		0					61				
12		0					62				
13		0					63				
14		0					64				
15		0					65				
16		0					66				
17		0					67				
18		0					68				
19			1				69				
20				1			70				
21				1			71				
22				1			72				
23				1			73				
24				1			74				
25				2			75				
26				2			76				
27				2			77				
28				1			78				
29				1			79				
30				1			80				
31			1				81				
32				1			82				
33				1			83				
34				1			84				
35				1			85				
36				1			86				
37				1			87				
38				1			88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.		←	21	←		←	TOTAL DEP.		←		←
TOTAL CLAIMS			23				TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS